

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N17114 (2)

1. Corporation Name

THE GOLD COAST DIVISION OF THE FLORIDA CHAPTER OF  
F NATIONAL HEMOPHILIA FOUNDATION, INC.



Principal Place of Business

Mailing Address

1155 N. ROCK ISLAND RD.  
MARGATE FL 33063

1155 N. ROCK ISLAND RD.  
MARGATE FL 33063

3. Date Incorporated or Qualified  
10/03/1986

3a. Date of Last Report  
05/16/1995

2. Principal Place of Business

2a. Mailing Address

21 8801 W Atlantic Blvd

26 8801 W Atlantic Blvd

4. FEI Number  
65-0057763

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PO Box 771316

27 PO Box 771316

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Coral Springs, FL

28 Coral Springs, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33077

29 33077

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, RICK  
4135 NW 59TH STREET  
COCONUT CREEK FL 33073

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE  
NAME ZERBE, ART  
STREET ADDRESS 446 NW 47 TERR  
CITY-ST-ZIP DEERFIELD BCH FL

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 33442

TITLE SD ☐ DELETE  
NAME SMITH, CAROLE  
STREET ADDRESS 1155 N. ROCK RD.  
CITY-ST-ZIP MARGATE FL 33063

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME THOMAS, RICK  
STREET ADDRESS 4135 NW 59TH STREET  
CITY-ST-ZIP COCONUT CREEK FL 33073

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME HOFFMANN, RONALD J  
STREET ADDRESS 1541 NW 97 AVE  
CITY-ST-ZIP PLANTATION FL

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 33322

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ronald J. Hoffmann  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/96

Date

954-474-5670

Daytime Phone #

CR2E037 (12/95)